



STATE OF TENNESSEE

2005

AD VALOREM TAX REPORT



EXACT NAME OF COMPANY FILING THIS REPORT

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE

STREET NUMBER, CITY, STATE & ZIP CODE OF COMPANY'S PRINCIPLE OFFICE **IN TENNESSEE**

() PHONE () FAX EMAIL

MAIL TO:

COMPTROLLER OF THE TREASURY OFFICE OF STATE ASSESSED PROPERTIES

James K. Polk State Office Building, Suite 1700

505 Deaderick Street

Nashville, Tennessee 37243-0281

(615) 401-7900 FAX (615) 532-8666

osap.osap@state.tn.us

**** THIS REPORT MUST BE FILED WITH THIS OFFICE BY APRIL 1, 2005****

MOTOR CARRIER AD VALOREM TAX REPORT GENERAL INSTRUCTIONS

1. ***This report must be filed with the Comptroller of the Treasury on or before April 1, 2005.***
2. FAILURE to file a complete report will result in a **FORCED ASSESSMENT**, and the property owner may, at the discretion of the Comptroller, be liable to a penalty of \$100.00 for each and every day the owner is delinquent in filing. Tennessee Code Annotated §67-5-1317.
3. This report is subject to **AUDIT** by the office of the Comptroller. Tennessee Code Annotated §67-5-1320.
4. Blank report forms are available at **<http://www.comptroller.state.tn.us/sap/advalorem.htm>**.
5. Round all dollar figures to whole dollars. Do not leave blanks. Enter "0" for none.
6. Guide for preparing Lines 10-13: (As of 12/31/04). These amounts apply only to trucking operations.

	<u>TOTAL CURRENT ASSET</u>	<u>TOTAL CURRENT LIABILITIES</u>	<u>GROSS REVENUES</u>	<u>NET OPERATING INCOME</u>
W	Cash and Deposits	Notes Payable	Total Revenues from	Gross Revenues minus
J	Temporary Investments	Accounts Payable	trucking operation.	operating expenses not.
R	Accounts Receivable	Accrued Interest		including interest expense.
M	Notes Receivable	Taxes Payable		
A	Materials and Supplies	Accrued Wages, Salaries		
X	Prepaid Expenses	Customer Deposits		
E	Other current Assets	Other Current Liabilities		

7. Revenue Equipment is all equipment used in direct production of income, i.e., Tractors, Trailers, Trucks.
8. **Line 14A**-Cost of Total System Revenue Equipment "OWNED" should be the gross original cost, before depreciation if purchased new. Cost of used equipment should be the acquisition cost.
9. **Line 14B**-cost of Total System Revenue Equipment "LEASED" should be the gross original cost, new or used, to the lessor. If the actual cost is not available, reasonable estimates will be considered if adequate details are provided.
10. **Line 14C**-Cost of Total System Revenue Equipment "USED" should be the gross original cost, new or used.
11. **Line 15**-Report the total number of System Power Units Owned, Used, or Leased by your Trucking Company. This number should match the total for lines 1 – 10 on MC-4.
12. **Line 16**-Report the Real Property owned in the exact name of your Truck Company.
13. **Line 17**-report the Real Property under Construction in the exact name of your Truck Company.
14. **Line 18**-Report the Purchases and Sales of Real Property owned in the exact name of your Truck Company.
15. **Line 19**-List all Personal Property Owned, Used, or Leased by you Truck Company.
16. **Page MC-4**-Summarize all Carrier Operating Property Owned, Used, Or Leased by your Truck Company.
17. **Page MC-5**-List where your Over-the-Road Equipment is physically located. As an alternative, you may list primary points of pickup and delivery.

MOTOR CARRIER
2005 AD VALOREM TAX REPORT

1. Company Legal Name: _____

Doing Business As: _____

2. A. Business Address:

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

B. Mailing Address (If different)

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

C. Tennessee Primary

(Street) _____

(City) _____ (State) _____ (Zip Code) _____

3. Telephone Number: _____ Fax Number: _____

4. Company Web Site: _____

5. Direct questions about this report to:

6. Name and Address of President or Owner:

(Name & Title) _____

(Name & title) _____

(Street or P. O. Box) _____

(Street or P. O. Box) _____

(City) _____ (State) _____ (Zip Code) _____

(City) _____ (State) _____ (Zip code) _____

(Telephone #) _____ (Fax #) _____

(Telephone #) _____ (Fax #) _____

7. Is your company a common carrier for hire? YES NO

8. Motor Carrier authority: USDOT# _____ ICC# OR FHWA# _____

9. Total miles for all over-the-road vehicles operated during the year ended December 31, 2004:

A. Tennessee Only _____ B. Total System including TN _____

10. Total Current Assets \$ _____ 11. Total Current Liabilities \$ _____

SYSTEM

12. Gross Revenues \$ _____ 13. Net Operating Income \$ _____

14. Total System Revenue Equipment Cost: (Over-the-road vehicles) _____ 15. Total Number of System Power Units. _____

A. Owned \$ _____

B. Leased \$ _____

C. Used \$ _____

Physical address of the Property	County Name	City (If Inside city Limits)	Original Cost
			\$
			\$
			\$
			\$
			\$

<u>Physical address of the Property</u>	<u>Completion Date</u>	<u>County Name</u>	<u>City</u> (If Inside City Limits)	<u>Original Cost</u>
				\$
				\$

<u>Physical address of the Property</u>	<u>Bought/Sold</u>	<u>County Name</u>	<u>City</u> (If Inside city Limits)	<u>Original Cost</u>
				\$
				\$

[illegible]

CARRIER OPERATING PROPERTY – SUMMARY

Submit below the **new cost** (gross original cost before depreciation) for property and equipment purchased or acquired new or the **used cost** (cost when acquired) for carrier property and equipment used or held for use in carrier operation at the beginning and close of 2004.

Include under Revenue Equipment (Leased) all equipment leased by carrier or otherwise controlled and operated under carrier's Federal Highway Authority, former I.C.C. or State Authority, as of December 31, 2004

***ESTIMATE IF ACTUAL COST IS NOT AVAILABLE**

Type of Property		Number of Items	ALL STATES				TENNESSEE ONLY	
			Balance at Beginning of Year	Additions During Year	Retirements During Year	Number of Items	Balance at Close of Year	Balance at Close of Year
<u>Revenue Equipment(Owned)</u>								
1.	Trucks	\$	\$	\$		\$		\$
2.	Trucks - Tractors							
3.	Van - Trailers							
4.	Tank, Ref. & Special Trailers							
5.	Other Revenue Equipment							
TOTAL		\$	\$	\$		\$		\$
<u>Revenue Equipment (Leased or Used)</u>								
6.	*Trucks	\$	\$	\$		\$		
7.	*Trucks - Tractors							
8.	*Van - Trailers							
9.	*Tank, Ref. & Special Trailers							
10.	*Other Revenue Equipment							
TOTAL		\$	\$	\$		\$		\$
<u>Person Property (Owned Leased, or Used)</u>								
11.	Furniture & Fixtures	\$	\$	\$		\$		\$
12.	Computer & Other Office Equip.							
13.	Tools							
14.	Repair Parts							
15.	Shop & Garage Equipment							
16.	Miscellaneous Equipment							
17.	Non-Revenue Equipment							
18.	Other: _____							
TOTAL		\$	\$	\$		\$		\$
<u>Real Property Owned in the Exact Legal Name of Your Company in "TENNESSEE ONLY"</u>								
19.	Land & Land Rights	\$	\$	\$		\$		
20.	Structures							
21.	Construction in Progress							
22.	Leasehold Improvements							
TOTAL		\$	\$	\$		\$		

Please indicate the physical location in Tennessee of all trucks, tractors or trailers when not traveling over the road. As an alternative, you may report major points of pickup and delivery. If the buses or vans are located outside any city limits, enter the name of the county only. If located inside a city limit please indicate both the county and city names. Provide the names of all Tennessee owner/operators providing motor carrier services under your authority in the column provided.

CT-0395(Revised1/04)

DATE: _____

I, _____, being the OWNER, PRESIDENT,
SECRETARY, AND /OR PARTNER OF _____,
do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year
two thousand five has been prepared from only the original books, papers, and
records of said respondent under my direction in accordance with Tennessee
Code Annotated, Section 67-5-1316, and is true and correct to the best of my
knowledge and belief.

NAME

OFFICIAL CAPACITY